S. DEPARTMENT OF HOMELAND SECURITY EDERAL EMERGENCY MANAGEMENT AGENCY stimul Flori Instruct Program	ELEVATION CERTIFICAT	Evaluation Date: July 31, 2015
	SECTION A - PROPERTY INFORMATION	
G. Building Owner's Name BEAZER HOM		Policy Humber:
2. Building Street Address (Including Apr., Unit 1309 CASCARILLA DRIVE	C. Solke, and/or Bidg. No.) or P.O. Route and Box No.	Company MAIC Number:
City MYRTLE BEACH	State SC	ZIP Code 29579
 Property Description (Lot and Block Number LOT 35 FOX HORN SUBDIVISION P 	rs, Tax Percel Number, Legal Description, etc.)	OKD
4. Building Use (e.g., Residential, Non-Resider 5. Latitude/Longitude: Let. 33-43-13.4	ntial, Addition, Accessory, etc.) RESIDENTIAL Long. 078-57-24.3 g if the Certificate is being used to obtain flood insure(s):	ilding with an attached garage:
a) Square footage of crawlspace or encloss b) No. of permanent flood openings in the enclosure(s) within 1.0 foot above adjact) Total net area of flood openings in A8.b	crawlapace or 0 b) Numi	re footage of attached garage 400 sq ft ber of permanent flood openings in the attached garage in 1.0 foot above adjacent grade 0 sq in tarea of flood openings in A9.b
d) Engineered flood openings? Yes	☑ Ne d) Engir	neered flood openings? 🔲 Yes 🗷 No
SECTION	B - FLOOD INSURANCE RATE MAP (FIRM)	INFORMATION
11. NFP Community Name & Community Numb HORRY 450104	er B2, County Napaer HORRY	R3. State
		38. Flood Zone(s) B9. Base Flood Elevation(s) (Zone A0, use base flood depth) 15'
10 Indicate the source of the Base Flood Eleva	tion (BFE) data or base flood depth entered in Item 8	39:
☐ FIS Profile ☐ FIRM ☐ Community		☐ Other/Source:
 Indicate elevation datum used for BFE in its 12.1s the building located in a Coastal Barrier; 	Resources System (CBRS) area or Otherwise Protecti	- - •
Designation Date: / /	CBRS	
SECTION C	- BUILDING ELEVATION INFORMATION (SU	RVEY REQUIRED)
	Construction Drawings* Building Under Construction of the building is complete.	struction* B Finished Construction
2. Elevations - Zones A1-A30, AE, AH, A (with		1/44 A20 AD/AU AD/AO Complete Borne
C2.a-h below according to the building diag Benchmark Utilized: TBM	BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AF parm specified in Item A7. In Puerto Ricco only, enter n Vertical Datum: NGV	meters.
C2.a-h below according to the building diag Benchmark Utilized: TBM	pam specified in Item A7. In Puerto Rico only, enter n Vertical Datum: NGV tions in Items a) through h) below. 図 NGVD 1929	neters. D 1929
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HAPORTANT: in these spaces, cop	y the corresponding information from Se	ction A.		FOR INSURANCE COMPANY USE
Building Street Address (including A 1309 CASCARILLA DRIVE	Lpt., Unit, Suite, and/or Bldg. No.) or PO.	Route and Box No.		Policy Number:
CITY MYRTLE BEACH	State SC	ZIP Code 29579	-	Company NAIC Number:
	ON D - SURVEYOR, ENGINEER, OF		TIFICATION (C)	OMTINUED)
	ertificate for (1) community official, (2) in:			
Comments Item C2e is the air co	onditioner pad.			
Signature J. Jasa (ex	Date 02/05/20	015	The state of the s
SECTION E - BUILDING E	LEVATION INFORMATION (SURVEY	NOT RECURRED	FOR ZONE AO	AND ZONE & (WITHOUT BEE)
for Items E1–E4, use natural grade	complete items £1-E5. If the Certificate is, if available. Check the measurement user the following and check the appropriate	ed. In Puerto Rico on	ly, enter meters.	
grade (HAG) and the lowest adja		DOKES ID SIADH WINCH	HER DIC SICHEDON 13	active or delow the highest adjacent
•	basement, crawispace, or enclosure) is			rs above or below the HAG.
· · · · · · · · · · · · · · · · · · ·	basement, crawispace, or enclosure) is	erion A been R and/		rs above or below the LAG.
	permanent flood openings provided in Se 22.b in the diagrams) of the building is	ction A items is and/		9 of Instructions), rs
3. Attached garage (top of slab) is	22.0 III bie diagrams of the coloring is			rs above or below the HAG.
- - · · · · · · · · · · · · · · · · · ·	d/or equipment servicing the building is			rs Dabove or Delow the HAG.
5. Zone AO only: If no flood depth (number is available, is the top of the bott Unknown. The local official must certify	om floor elevated in a	accordance with the	
SECTION				
The property owner or owner's autho cone AO must sign here. The states	ON F - PROPERTY OWNER (OR ON prized representative who completes Sections A, B, and E are correct	tions A, B, and E for 2	one A (without a FE	
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